

MALARIA INDICATOR SURVEY IN ANGOLA
COSEP CONSULTORIA - CONSAUDE
HOUSEHOLD QUESTIONNAIRE

| IDENTIFICATION | |
|--|-----------------------|
| NAME OF LOCALITY _____ | [] [] |
| REGION _____ | [] |
| PROVINCE _____ | [] [] |
| MUNICIPALITY _____ | [] [] |
| CLUSTED NUMBER IN AMIS | [] [] [] |
| URBAN / RURAL (URBAN =1 / RURAL = 2) | [] |
| HOUSEHOLD NUMBER | [] [] [] |
| NAME OF HOUSEHOLD HEAD _____ | |
| MARK "X" IN CIRCLE IF HOUSEHOLD WAS SELECTED FOR MALARIA TESTING | <input type="radio"/> |

| INTERVIEWER VISITS | | | | |
|---|-------|-------|-------|---|
| | 1 | 2 | 3 | LAST VISIT |
| DATE | _____ | _____ | _____ | DAY [] [] MONTH [] [] YEAR 2 0 1 1 CODE [] [] [] [] RESULT [] [] |
| INTERVIEWER'S NAME | _____ | _____ | _____ | |
| RESULT* | _____ | _____ | _____ | |
| NEXT VISIT DATE | _____ | _____ | | NUMBER OF VISITS [] |
| TIME | _____ | _____ | | |
| *RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER HOME/NO COMPETENT RESPONDENT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY) _____ | | | | TOTAL PERSONS IN HOUSEHOLD [] [] TOTAL WOMEN 15-49 [] [] LINE NUMBER OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [] [] |

| | | |
|------------------------|--------------------|--------------------|
| SUPERVISOR | FIELD EDITOR | KEYED BY |
| NAME _____ [] [] [] | NAME _____ [] [] | NAME _____ [] [] |
| DATE _____ [] [] [] | DATE _____ [] [] | DATE _____ [] [] |

| INTRODUCTION AND CONSENT |
|---|
| <p>Hello, my name is __ and I'm from the Ministry of Health. We are doing a survey all over the country about malaria. I would like to ask you some questions. I hope you will agree. The information you give will help the government to plan health services. The survey usually takes about 15 to 20 minutes to complete.</p> <p>The information you give will be kept confidential and will not be shared with anyone other than members of the survey team. You do not have to participate in the survey. If I ask any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.</p> <p>Do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p> |

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP | SEX | RESIDENCE | | AGE | WOMEN AGE 15-49 | | CHILDREN < 5 |
|----------|---|---|---------------------------|--------------------------------|----------------------------------|----------------------------------|---|-------------------------------|--|
| | | | | Does (NAME) usually live here? | Did (NAME) stay here last night? | | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | Is (NAME) currently pregnant? | |
| | <p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.</p> | <p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | How old is (NAME)? | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | Is (NAME) currently pregnant? | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | 10 |
| 01 | | <input type="text"/> | M F 1 2 | YES NO 1 2 | YES NO 1 2 | IN YEARS <input type="text"/> | 01 | YES NO/DK 1 2 | 01 |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 02 | 1 2 | 02 |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 03 | 1 2 | 03 |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 04 | 1 2 | 04 |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 05 | 1 2 | 05 |
| 06 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 06 | 1 2 | 06 |
| 07 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 07 | 1 2 | 07 |
| 08 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 08 | 1 2 | 08 |
| 09 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 09 | 1 2 | 09 |
| 10 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 10 | 1 2 | 10 |

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|--|--|
| <p>01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = ADOPTED CHILD 05 = SON-IN-LAW OR DAUGHTER-IN-LAW 06 = GRANDCHILD 07 = PARENT 08 = PARENT-IN-LAW</p> | <p>09 = BROTHER OR SISTER 10 = NIECE/NEPHEW BY BLOOD 11 = NIECE/NEPHEW BY MARRIAGE 12 = OTHER RELATIVE 13 = STEPCHILD 14 = NOT RELATED 98 = DON'T KNOW</p> |
|--|--|

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP | SEX | RESIDENCE | | AGE | WOMEN AGE 15-49 | | CHILDREN < 5 |
|----------|--|--|---------------------------|--------------------------------|----------------------------------|----------------------------------|---|-------------------------------|--|
| | | | | Does (NAME) usually live here? | Did (NAME) stay here last night? | | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | Is (NAME) currently pregnant? | |
| | Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON. | What is the relationship of (NAME) to the head of the household? SEE CODES BELOW. | Is (NAME) male or female? | | | How old is (NAME)? | | | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| | | <input type="text"/> | M F 1 2 | YES NO 1 2 | YES NO 1 2 | IN YEARS <input type="text"/> | 11 | YES NO/DK 1 2 | 11 |
| 11 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 11 | 1 2 | 11 |
| 12 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 12 | 1 2 | 12 |
| 13 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 13 | 1 2 | 13 |
| 14 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 14 | 1 2 | 14 |
| 15 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 15 | 1 2 | 15 |
| 16 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 16 | 1 2 | 16 |
| 17 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 17 | 1 2 | 17 |
| 18 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 18 | 1 2 | 18 |
| 19 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 19 | 1 2 | 19 |
| 20 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | 20 | 1 2 | 20 |

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

YES

 →

ADD TO TABLE

NÃO

2B) Are there any other people who may not be members of your family, like domestic servants, lodgers, or friends who usually live here?

YES

 →

ADD TO TABLE

NÃO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES

 →

ADD TO TABLE

NÃO

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|------|------------|-----------|-----------------------|---|---|----------------------------|---|---|-------------------|---|---|----------------------|---|---|----------------------|---|---|----------------------|---|---|--|
| 101 | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL HAND PUMP, PROTECTED WELL ... 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/LAKE/STREAM/PIPE) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | |
| 102 | What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ... 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE ... 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | |
| 103 | Does your household have: Electricity from public network? A generator? A radio? A refrigerator? A sewing machine? A television? | <table border="0"> <thead> <tr> <th></th> <th align="right"><u>YES</u></th> <th align="right"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GENERATOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>SEWING MACHINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table> | | <u>YES</u> | <u>NO</u> | ELECTRICITY | 1 | 2 | GENERATOR | 1 | 2 | RADIO | 1 | 2 | REFRIGERATOR | 1 | 2 | SEWING MACHINE | 1 | 2 | TELEVISION | 1 | 2 | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| GENERATOR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| REFRIGERATOR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| SEWING MACHINE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 104 | Does any member of this household own: A watch? A mobile telephone? A bicycle? A motorcycle? A car or truck? A boat or canoe? | <table border="0"> <thead> <tr> <th></th> <th align="right"><u>YES</u></th> <th align="right"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>WRIST WATCH</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>BICYCLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MOTORCYCLE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>BOAT/CANOE</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table> | | <u>YES</u> | <u>NO</u> | WRIST WATCH | 1 | 2 | MOBILE TELEPHONE | 1 | 2 | BICYCLE | 1 | 2 | MOTORCYCLE | 1 | 2 | CAR/TRUCK | 1 | 2 | BOAT/CANOE | 1 | 2 | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | |
| WRIST WATCH | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| MOBILE TELEPHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| BICYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| CAR/TRUCK | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| BOAT/CANOE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|-------|
| 105 | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 LPG/NATURAL GAS 02 OIL 03 COAL 04 WOOD 05 STRAW 06 DUNG/MANURI 07 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) | |
| 106 | MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION. | NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR BOARD/WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET/POLISHED WOOD 31 VINYL/ASPHALT STRIPS 32 CERAMIC TILES/MOSAIC/BRICK 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY) | |
| 107 | MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD. RECORD OBSERVATION. | RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN/PLASTIC 23 FINISHED ROOFING ZINC/METAL 31 ASBESTOS SHEETS, SHINGLES ... 32 CERAMIC TILES 33 CONCRETE/CEMENT 34 OTHER _____ 96 (SPECIFY) | |
| 108 | MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD. RECORD OBSERVATION. | RUDIMENTARY WALLS STRAW/THATCH MATS 13 CARDBOARD/PLASTIC 14 MUD AND STICKS 15 MUD BLOCKS 16 CANE/PALM/TRUNKS 17 REUSED WOOD 18 FINISHED WALLS CEMENT/STONE BLOCKS 31 BRICKS 32 WOOD PLANKS/SHINGLES 33 OTHER _____ 96 (SPECIFY) | |
| 109 | How many rooms in this household are used for sleeping? | ROOMS <input type="text"/> <input type="text"/> | |
| 109A | At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | YES 1 NO 2 DON'T KNOW 8 | } 110 |
| 109B | How many months ago was the dwelling sprayed? IF LESS THAN ONE MONTH, RECORD "0" | MONTHS AGO <input type="text"/> <input type="text"/> | |
| 109C | Who sprayed the dwelling? | HEALTH WORKER/GOVERNMENT A NON-GOVERNMENTAL ORGANIZATION B PRIVATE COMPANY C OTHER _____ X (SPECIFY) DON'T KNOW Y | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-----------------|
| 110 | Does your household have any mosquito nets that can be used while sleeping? | YES 1 NO 2 | → 112 |
| 111 | How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'. | NÚMERO DE MOSQUITEIROS <input data-bbox="1297 239 1348 295" type="text"/> | → 113 |
| 112 | Why doesn't your household have any mosquito nets? CIRCLE ALL MENTIONED. | NO MOSQUITOES A NETS NOT AVAILAB B DON'T LIKE TO USE NETS C TOO EXPENSIVE D OTHER _____ X (SPECIFY) | } } } 200 |

| | | NET #1 | NET #2 | NET #3 |
|-----|--|---|---|---|
| 113 | ASK RESPONDENT TO SHOW YOU THE NETS. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE(S). | OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3 | OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3 | OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3 |
| 114 | How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00' IF YEARS, CONVERT TO MONTHS | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98 |
| 115 | Did you buy the net or was it given to you free? | BOUGHT 1 FREE 2 (SKIP TO 117) DONT KNOW 8 | BOUGHT 1 FREE 2 (SKIP TO 117) DONT KNOW 8 | BOUGHT 1 FREE 2 (SKIP TO 117) DONT KNOW 8 |
| 116 | How much did you pay for the net? IF DK, WRITE '9998'. | Akz <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Akz <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Akz <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 117 | OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. | JOIA 11 OLYSET 12 PERMANET 13 SEGURO E SALVO 14 OTHER BRAND 15 PERMANENT . . . 16 (SKIP TO 121)← OTHER BRAND TREATED 46 OTHER BRAND DK IF TREATED . . 96 DK BRAND 98 | JOIA 11 OLYSET 12 PERMANET 13 SEGURO E SALVO 14 OTHER BRAND 15 PERMANENT . . . 16 (SKIP TO 121)← OTHER BRAND TREATED 46 OTHER BRAND DK IF TREATED . . 96 DK BRAND 98 | JOIA 11 OLYSET 12 PERMANET 13 SEGURO E SALVO 14 OTHER BRAND 15 PERMANENT . . . 16 (SKIP TO 121)← OTHER BRAND TREATED 46 OTHER BRAND DK IF TREATED . . 96 DK BRAND 98 |
| 118 | When you got the net, was it already treated with an insecticide to kill or repel mosquitos? | YES 1 NO 2 NOT SURE 8 | YES 1 NO 2 NOT SURE 8 | YES 1 NO 2 NOT SURE 8 |
| 119 | Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos? | YES 1 NO 2 (SKIP TO 121) NOT SURE 8 | YES 1 NO 2 (SKIP TO 121) NOT SURE 8 | YES 1 NO 2 (SKIP TO 121) NOT SURE 8 |
| 120 | How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, WRITE '00' | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98 | MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98 |
| 121 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 (SKIP TO 123) NOT SURE 8 | YES 1 NO 2 (SKIP TO 123) NOT SURE 8 | YES 1 NO 2 (SKIP TO 123) NOT SURE 8 |

| | | NET #1 | NET #2 | NET #3 |
|-----|---|---|--|--|
| 122 | Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| 123 | | GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201. | GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201. | GO TO 113 IN FIRST COL. OF A NEW QUESTIONRE.; OR, IF NO MORE NETS, TO 201 |

ANEMIA AND MALARIA TESTING FOR CHILDREN AGE 0-5

| | | | | |
|---|---|--|--|--|
| 201 | CHECK COLUMN 10. WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-5 YEARS IN Q. 202 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. BE SURE TO FILL Qs. 209 AND 211. | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 202 | LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 203 | IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) |
| 205 | CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS? | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2 |
| 206 | LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD (COL. 1 IN HOUSEHOLD QUESTIONNAIRE). RECORD '00' IF NOT LISTED. | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> |
| 207 | READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| 208 | READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209 | | | | |
| 209 | RECORD RESULT CODE OF ANEMIA TEST. | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ← |
| 210 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET. | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 211 | RECORD RESULT CODE OF MALARIA TEST | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ← |
| 212 | BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM. | | | |
| 213 | RESULT OF MALARIA TEST | POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6 | POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6 | POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6 |
| 214 | READ INFORMATION FOR MALARIA TREATMENT FOR CHILDREN WHO TESTED POSITIVE FOR MALARIA | ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT . . . 3 NOT ELIGIBLE 4 OTHER 6 | ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT . . . 3 NOT ELIGIBLE 4 OTHER 6 | ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT . . . 3 NOT ELIGIBLE 4 OTHER 6 |
| 215 | | GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW. | | |

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|---|--|---|---|---|
| 202 | LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 203 | IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) |
| 205 | CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS? | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2 |
| 206 | LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD (COL. 1 IN HOUSEHOLD QUESTIONNAIRE). RECORD '00' IF NOT LISTED. | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> |
| 207 | READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| 208 | READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209 | | | | |
| 209 | RECORD RESULT CODE OF ANEMIA TEST. | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ← |
| 210 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET. | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 211 | RECORD RESULT CODE OF MALARIA TEST | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ← | TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ← |
| 212 | BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM. | | | |
| 213 | RESULT OF MALARIA TEST | POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6 | POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6 | POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6 |
| 214 | READ INFORMATION FOR MALARIA TREATMENT FOR CHILDREN WHO TESTED POSITIVE FOR MALARIA | ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT ... 3 NOT ELIGIBLE 4 OTHER 6 | ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT ... 3 NOT ELIGIBLE 4 OTHER 6 | ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT ... 3 NOT ELIGIBLE 4 OTHER 6 |
| 215 | | GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW. | | |

CONSENT STATEMENT FOR ANEMIA TEST

As part of this survey, we are asking that children all over the country take an **anemia** test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.

We request that all children born in 2006 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential and won't be shared with anyone other than members of our survey team.

Do you have any questions about the anemia test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN) to participate in the **anemia** test?

CONSENT STATEMENT FOR MALARIA TEST

As part of this survey, we are asking that children all over the country take a test to see if they have **malaria**. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.

We request that all children born in 2006 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).

The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential and won't be shared with anyone other than members of our survey team.

Do you have any questions about the malaria test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN) to participate in the **malaria** test?

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child has malaria. We can give you free medicine.

The medicine is called artemisin-based combination therapy or ACT. This drug is very effective and in a few days it should get rid of the fever and other symptoms.

**BEFORE PROVIDING ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM.
IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.**

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

